



Volunteer Application Form

Please complete both sides and return to:

MVP
97 Hillview Avenue
Los Altos, CA 94022
Phone: (650) 947-2897

Welcome to the City of Los Altos Volunteer Resources Program. Completing this application is the first step in turning your talents and skills into positive action for your community. The information you provide will be used only in relation to volunteer assignments and will not be made available to the general public. Please PRINT CLEARLY. To complete your application electronically, visit www.losaltosrecreation.org and go to Volunteer Application.

NAME AND ADDRESS

Fields marked with '*' are required

| | | |
|-------------------------|---------------------|---|
| * TODAY'S DATE | | |
| * LAST NAME | * FIRST NAME | MR <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> |
| * STREET ADDRESS | | APT OR SUITE |
| * CITY | * STATE | * ZIP |
| WORK PHONE | * HOME PHONE | * EMAIL |

PERSONAL INFORMATION

Please complete all entries that apply to you.

| | | |
|---|--|---|
| DATE OF BIRTH (XX-XX-XXXX) (YEAR NOT REQUIRED IF AGE 18 AND ABOVE) | | |
| ARE YOU CURRENTLY A CITY OF LOS ALTOS EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| IF YES, PLEASE PROVIDE YOUR START DATE AND YOUR CURRENT JOB TITLE: | | |
| NAME AND ADDRESS OF EMPLOYER OR SCHOOL | | |
| I HEARD ABOUT THE VOLUNTEER PROGRAM THROUGH (CHOOSE ONE) | | |
| <input type="checkbox"/> CITY WEBSITE | <input type="checkbox"/> FLIER | <input type="checkbox"/> FRIEND OR RELATIVE |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> OTHER | |
| EDUCATION (CHOOSE ONE) OPTIONAL | | |
| <input type="checkbox"/> HIGH SCHOOL/GED | <input type="checkbox"/> AA DEGREE (2 YEAR) | <input type="checkbox"/> BA/BS DEGREE |
| <input type="checkbox"/> MA/MS OR PHD | <input type="checkbox"/> HIGH SCHOOL STUDENT | <input type="checkbox"/> OTHER |
| EMPLOYMENT STATUS (CHOOSE ONE) OPTIONAL | | |
| <input type="checkbox"/> EMPLOYED FULL TIME | <input type="checkbox"/> FULL TIME STUDENT | |
| <input type="checkbox"/> PART TIME STUDENT/WORKER | <input type="checkbox"/> RETIRED | <input type="checkbox"/> OTHER |

EMERGENCY CONTACTS

| | | | |
|------------|-----------|--------------|-----------------|
| FIRST NAME | LAST NAME | RELATIONSHIP | CELL/HOME PHONE |
| FIRST NAME | LAST NAME | RELATIONSHIP | CELL/HOME PHONE |

ABOUT YOU

Please tell us which Department(s) you would like to volunteer for, your interests, skills and availability. Check all that apply.

DEPARTMENTS:

- | | | |
|---|---|--|
| <input type="checkbox"/> BOARDS & COMMISSIONS | <input type="checkbox"/> INFORMATION TECHNOLOGY | <input type="checkbox"/> COMMUNITY DEVELOPMENT |
| <input type="checkbox"/> HUMAN RESOURCES | <input type="checkbox"/> OFFICE OF THE CITY MANAGER | <input type="checkbox"/> FINANCE |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> PUBLIC SAFETY | <input type="checkbox"/> PUBLIC WORKS |

INTERESTS:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> SCULPTURE COMMITTEE | <input type="checkbox"/> CRIME PREVENTION | <input type="checkbox"/> EDUCATION |
| <input type="checkbox"/> EMERGENCY PREPAREDNESS | <input type="checkbox"/> ENVIRONMENT | <input type="checkbox"/> GARDENING/PARKS | <input type="checkbox"/> GOVERNMENT |
| <input type="checkbox"/> INFORMATION TECHNOLOGY | <input type="checkbox"/> LIBRARY | <input type="checkbox"/> NEIGHBORHOODS | <input type="checkbox"/> YOUTH & TEEN ACTIVITIES |
| <input type="checkbox"/> SENIOR CITIZEN ACTIVITIES | <input type="checkbox"/> SPECIAL EVENTS | <input type="checkbox"/> SPORTS & RECREATION | |
| <input type="checkbox"/> GRANT WRITING | <input type="checkbox"/> OTHER – DESCRIBE BELOW | | |

EVENTS/ACTIVITIES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> COMMUNITY PICNIC | <input type="checkbox"/> NEW YEAR'S DAY RUN | <input type="checkbox"/> EGG HUNT | <input type="checkbox"/> HALLOWEEN WINDOW PAINTING |
| <input type="checkbox"/> SUMMER CAMPS | <input type="checkbox"/> SANTA VISITS | <input type="checkbox"/> SUMMER CONCERTS | <input type="checkbox"/> BASKETBALL LEAGUES |

SKILLS:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> AQUATICS | <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> COMMUNITY CLEAN-UP |
| <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> FINANCE | <input type="checkbox"/> FOREIGN LANGUAGE |
| <input type="checkbox"/> GRAPHIC DESIGN | <input type="checkbox"/> HOME REPAIR | <input type="checkbox"/> NEWSLETTER EDITING | <input type="checkbox"/> OFFICE SUPPORT |
| <input type="checkbox"/> ORGANIZING EVENTS | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> RESEARCH | <input type="checkbox"/> TUTORING & TRAINING |
| <input type="checkbox"/> OTHER – DESCRIBE BELOW | | | |

TIME AVAILABLE:

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> MORNINGS | <input type="checkbox"/> AFTERNOONS | <input type="checkbox"/> EVENINGS | <input type="checkbox"/> WEEKENDS |
| <input type="checkbox"/> FLEXIBLE | <input type="checkbox"/> WEEKLY | <input type="checkbox"/> MONTHLY | <input type="checkbox"/> SUMMER ONLY |

ADDITIONAL INFORMATION

Please indicate specific volunteer listings that interest you and any additional special skills, qualifications or certifications that you possess:

AGREEMENT TO SERVE: By submitting this application, I certify that all statements I have made on my application are true and correct and I hereby authorize the City of Los Altos to investigate the accuracy of this information. I am aware that fingerprinting is required for most assignments before placement for applicants 18 years of age and over. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the City of Los Altos permission to use any photographs or videos of me taken during my service without obligation or compensation to me. I understand that the City of Los Altos reserves the right to terminate a volunteer's services at any time. It is the policy of the City of Los Altos not to discriminate because of race, color, religion, sex, sexual orientation, marital status, national origin, age, or disability. Volunteers needing special accommodation to participate in any volunteer opportunity should submit a request to the Department of Human Resources, Volunteer Program, at time of application.

PARENTAL PERMISSION: I understand that the City requires that volunteers between the ages of 13 – 17 years provide a **Parental Permission Form** signed by their parent or legal guardian in order to volunteer. This form can be found on www.losaltosrecreation.org

VOLUNTEER SIGNATURE: _____

DATE: _____